

No. 2
-1/47
-17.39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 6 1948
Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3017

State File No. 11945
Registrar's No. 56

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 weeks. (Specify whether
All of life. (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Boonville
(If outside city or town limits, write "RURAL") 1
(d) Street No. 530 Vine St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Francis Douglas Draffen
3. (b) If veteran, name war 0
3. (c) Social Security No. 0

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Higginbottom Draffen
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 26 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 14 hr. min.

9. Birthplace Boonville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Real Estate Dealer

11. Industry or business James W. Draffen
12. Name Charlotteville, Virginia
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Louise Tichenour
15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Draffen
(b) Address Boonville, Mo.
17. (a) Burial (b) Date thereof April 11th/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery
18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.
19. (a) 4-12-48 (b) Draffen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour 2 minute 10 p. M.
21. I hereby certify that I attended the deceased from 8-27-48 to 4-9-48
that I last saw him alive on 4-9-48
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myelocytic leukemia 8 yrs
Duration
Due to
Due to
Other conditions Pericerebral gangrene 1 wks.
(Include pregnancy within 3 months of death)
Calcic left kidney & urinary bladder
Major findings:
Of operations None performed
Of autopsies 0

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
Means of injury 0
23. Signature [Signature] (M. D. or other) MD
Address Boonville, Mo. Date signed 4/10/48

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 5-5-48

SEP 2 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

William H. Wood

Registered Apprentice No. 480

working under my personal supervision.

Signed

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Rossville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.